

New Vendor Evaluation Form

Kansas WIC Program

Vendor name: _____ Vendor #: _____

Location Address: _____

Phone Number: _____ Vendor Contact: _____

Doing business as: ☐ Full Line Grocery Store ☐ Retail Pharmacy ☐ Commissary

County: _____ ☐ Rural ☐ Urban (refer to Vendor Procedures Manual for county designation)

Date of Evaluation: _____ Completed by: _____

Please print

Type of Evaluation: ☐ New Vendor ☐ Change of Ownership

	YES	NO
1. Does the vendor plan to derive more than 50% of their gross annual income from the Kansas WIC program?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the vendor provide foods from a stationary location?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the food sales area equal or exceed 2000 square feet?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the sales floor accessible to clients with disabilities? If no, does the store have accommodation plans?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Is the vendor currently disqualified from the Food Stamp Program?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the vendor's cash register receipt detailed enough to permit monitoring for the sale of unauthorized WIC foods? (<i>Attach copy of a receipt.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the vendor have scanners that are programmable for WIC foods? If yes, how many: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you see any reason to grant an exception to any of the established criteria because of inadequate participant access?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

LA Evaluator's Signature: _____

LA recommendation based upon evaluation visit: ☐ Satisfactory ☐ Unsatisfactory

State Agency use only:

Projected Peer Group: _____	YES	NO
The vendor meets the pricing requirements as determined by the SA.	<input type="checkbox"/>	<input type="checkbox"/>
All documentation requested from application process has been received.	<input type="checkbox"/>	<input type="checkbox"/>
The vendor meets the minimum stock requirements.	<input type="checkbox"/>	<input type="checkbox"/>
This report was reviewed and will be used by the SA as an evaluation tool during a vendor's application process.		

SA Signature: _____ Date: _____